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PTO/SB/31 (08-04)

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)						
		RCA88,751						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>11/22/04</u></p> <p><b>Signature</b> </p> <p><b>Typed or printed name</b> <u>Joel M. Fogelson</u></p>		<p>In re Application of <u>James Edwin Hailey, et al.</u></p> <table border="1"> <tr> <td>Application Number <u>09/402,311</u></td> <td>Filed <u>10-01-99</u></td> </tr> <tr> <td colspan="2">For System for Forming ... Information</td> </tr> <tr> <td>Art Unit <u>2611</u></td> <td>Examiner <u>H.B. Lonsberry</u></td> </tr> </table>	Application Number <u>09/402,311</u>	Filed <u>10-01-99</u>	For System for Forming ... Information		Art Unit <u>2611</u>	Examiner <u>H.B. Lonsberry</u>
Application Number <u>09/402,311</u>	Filed <u>10-01-99</u>							
For System for Forming ... Information								
Art Unit <u>2611</u>	Examiner <u>H.B. Lonsberry</u>							

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 340.00

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 07-0832. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

- applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)
- attorney or agent of record. Registration number 43,613
- attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

  
Joel M. Fogelson  
 Typed or printed name

(609) 734-6809  
 Telephone number

November 23, 2004  
 Date

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
 Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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PTO/SB/21 (02-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/402,311	
	Filing Date	October 1, 1999	
	First Named Inventor	J. Hailey, et al.	
	Art Unit	2611	
	Examiner Name	H. Lonsberry	
Total Number of Pages in This Submission	3	Attorney Docket Number	RCA 88751

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomson Licensing Inc.
Signature	
Date	November 23, 2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Joel Fogelson	Date	November 23, 2004
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees are subject to annual revision.  
**FEE TRANSMITTAL**  
For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**340.00****METHOD OF PAYMENT** (check all that apply)
 Check     Credit Card     Money Order  
 Deposit Account     None

Deposit Account Number **07-0832**  
Deposit Account Name **Thomson Licensing Inc.**

The Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
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to the above-identified deposit account.

 Other (please identify): \_\_\_\_\_

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**FEE CALCULATION****1. BASIC FILING FEE**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
<b>Subtotal (1) \$</b>			<b>340.00</b>

<b>Complete If Known</b>		
Application Number	<b>09/402,311</b>	
Filing Date	<b>10/01/99</b>	
First Named Inventor	<b>J.E. Hailey, et al.</b>	
Examiner Name	<b>H.B. Lonsberry</b>	
Art Unit	<b>2611</b>	
Attorney Docket No.	<b>RCA 88,751</b>	

**FEE CALCULATION** (continued)

<b>2. EXTRA CLAIM FEES</b>		<u>Small Entity</u>
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP =	X	=
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	X	=
HP = highest number of independent claims paid for, if greater than 3		
<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>

**Subtotal (2) \$** \_\_\_\_\_

<b>3. OTHER FEES</b>		<u>Small Entity</u>	
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stat. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	<b>340.00</b>
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other:			
<b>Subtotal (3) \$</b>			<b>340.00</b>

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) <b>43613</b>	Telephone <b>609-734-6809</b>
Name (Print/Type)	<b>Joel M. Fogelson</b>		

Date **11/23/04**

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